



# Fax

<b>Attention:</b>	Mail Stop ISSUE FEE	<b>From:</b>	Travis Dodd
<b>Fax:</b>	(571) 273-2885	<b>Fax:</b>	(818) 833-2065
<b>Examiner's Phone:</b>		<b>Phone:</b>	(818) 833-2014
<b>Company:</b>	United States Patent and Trademark Office	<b>Company:</b>	Quallion LLC
<b>Re:</b>	Application Serial No. 12/003,675	<b>Pages:</b>	5
Filing Date: September 17, 2003 Confirmation No. 6291 Inventor(s): Hisashi Tsukamoto et al. Examiner: Cynthia Lee Group Art Unit: 1795 for Electric Storage Battery Construction and Method of Manufacture Our File No. Q137-US5		<b>Date:</b>	June 22, 2009

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- Transmittal of Payment of Issue Fee (Small Entity) (1 page)
- Fee Transmittal (1 page)
- PTOL-85 (Rev. 11/03) Part B. – Fee(s) Transmittal (1 page)
- Form PTC-2038, credit card authorization (1 page)

Lisa K. Robbins  
(Name of Person Signing Certificate)

  
(Signature)

Quallion LLC

PO Box 923127, Sylmar, CA 91392-3127 • PH: (818) 833-2000 • FAX: (818) 833-2065

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

	Application Number	10/666,873
	Filing Date	September 17, 2003
	First Named Inventor	TSUKAMOTO, Hisashi
	Group Art Unit	1795
	Examiner Name	LEE< Cynthia
Total Number of Pages in This Submission	Attorney Docket Number	Q137-US5

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Authorized <input type="checkbox"/> Amendment <input type="checkbox"/> After Final <input type="checkbox"/> -Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s) – 1 sheet  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Issue Fee Transmittal
Remarks		

Customer Number or Bar Code Label	31815 (Insert Customer No. or Attach bar code label here)
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The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0921. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Dated: 6/22/2009

Phone: (818) 833-2003  
Fax: (818) 833-2065By:   
Travis Dodd  
Attorney for Applicant(s)  
P.O. Box 923127  
Sylmar, CA 91392-3127**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail  
in an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231 on this date:

Typed or printed name		
Signature	Date	

**FEE TRANSMITTAL**

Attorney Docket No.	Q137-US5
First Named Inventor:	TSUKAMOTO, Hisashi
Application Number	10/666,873
Filing Date:	September 17, 2003
Examiner Name:	Cynthia Lee
Group/Art Unit:	1795

<b>TOTAL AMOUNT OF PAYMENT:</b>	<b>\$ 1,055.00</b>
<b>METHOD OF PAYMENT (check One)</b> <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to: Deposit Account No.: 50-0921 Deposit Account Name: Quallion LLC</p> <p><input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other - Credit Card</p>	

**2. UTILITY Basic Filing Fee & Claims**

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$330.00	\$165.00	\$0.00
Total Claims	30 - 30=	0	X \$52.00	X \$26.00	\$0.00
Independent Claims	3- 3=	0	X \$220.00	X \$110.00	\$0.00
Multiple Dependent Claim(s) (if applicable)			\$390.00	\$195.00	\$0.00
Total of above Calculations =					\$0.00
<b>Basic Filing Fee</b>	<b>Large Entity</b>	<b>Small Entity</b>	<b>Total</b>		
Design filing fee	\$220.00	\$110.00	\$330.00		
Reissue filing fee	\$330.00	\$165.00	\$52.00		
Provisional filing fee	\$220.00	\$110.00	\$0.00		
Total of above Calculations =					\$0.00

**3. ADDITIONAL FEES**

Fee Description	Large Entity	Small Entity	Other
Issue Fee	\$	\$755.00	\$755.00
Publication Fee	\$	\$300.00	\$300.00
	\$	\$	\$
	\$	\$	\$
<b>TOTAL:</b>			<b>\$1,055.00</b>

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	6/22/2009